



Strickland General Agency, Inc.

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www.sgainga.com

"Professional Insurance Wholesaler"

GEORGIA GARAGE DEALER / NON - DEALER APPLICATION

CANAL INSURANCE COMPANY

CANAL INDEMNITY COMPANY

Quotation No. New policy No. Renewal / Rewrite No.

Bound by SGA? Yes No Policy Period From AM/PM on to

Producer: Producer No.

Contact: Phone: e-Mail:

GENERAL INFORMATION

Name of Applicant: Years In Business

Trade Name (dba): Individual Partnership Corporation LLC Other

Mailing Address: No. Street City County State Zipcode

Location Address: No. Street City County State Zipcode

Type of Business: Used Car Dealer Motorcycle Dealer Repair Shop Wrecker Service Repo Other

Contact: Phone: e-Mail:

LIMITS OF LIABILITY AUTO AND OTHER THAN AUTO

The most to be paid for any one accident or loss:

Single Limit Each Accident \$ Aggregate \$ (other than auto)

Split Limit \$ Each Person Bodily Injury
\$ Each Accident Bodily Injury
\$ Each Accident Property Damage

No. of Dealer Tags: Combined Auto and Premises Medical Payments Limit \$

UNINSURED MOTORISTS COVERAGE

(Please check option selected)

Traditional Uninsured Motorist Coverage: (Uninsured Motorist Coverage Reduced by At-Fault Liability Limits):

Accept at \$25/50/25 limits; Accept at limits (up to Liability Limits requested above);

OR

New Uninsured Motorist Coverage: (Uninsured Motorist Coverage - Added on to At-Fault Liability Limits):

Accept at \$25/50/25 limits; Accept at limits (up to Liability Limits requested above);

OR

I reject all Uninsured Motorist Coverage.

AUTOS TO BE COVERED

- Symbol 23 - Owned Private Passenger Autos Only (Including Pickup Trucks & Motorcycles)
Symbol 27 - Specifically Described Autos. List in Section Provided (Requires Additional Premium)
Symbol 29 - Non Owned Autos Used In Your Garage Business

OPTIONAL COVERAGE - PROPERTY DAMAGE EXCLUSION BUY BACK

Exclusions to be bought back:

- Care, Custody or Control Work You Perform
- Defective Product Loss of Use

UNDERWRITING QUESTIONS TO BE ANSWERED FOR LIABILITY

1. Do you pick up or deliver vehicles out of town? ___ Yes ___ No
If yes, maximum distance in miles _____ Number of driver trips _____
2. Do you own or use a non-owned tow truck, rollback or other towing device? ___ Yes ___ No
If yes, list them _____
3. Do you own or use a non-owned service vehicle? ___ Yes ___ No
If yes, list them _____
4. Do you wish to purchase coverage on your haulaway or towing vehicles or devices? ___ Yes ___ No
5. Do you Own, or are you a partner, shareholder, member, or officer of any other business operations? ___ Yes ___ No
If yes, list them _____
6. Are any of these businesses on same premises as this operation? ___ Yes ___ No
If yes, list them _____
7. Do you hire driver services or pick up drivers? ___ Yes ___ No
8. Do you repossess autos? ___ Yes ___ No
If yes, how many annually? _____
9. Do you finance autos? ___ Yes ___ No
If yes, are all titled in purchaser's name? ___ Yes ___ No
10. Do you have a dog on premises? Yes No
11. Do you lend vehicles? Yes No
12. Do you rent or lease vehicles? Yes No
13. Do you hire auto transporters? Yes No
14. Do you own or sponsor racing vehicles? Yes No
15. Do you install trailer hitches? Yes No
16. Do you handle or sell LP gas? Yes No
17. Do you own, operate or service tank trucks/trailers? Yes No
18. Do you engage in auto dismantling? Yes No
19. Do you engage in tire recapping? Yes No

UNDERWRITING QUESTIONS TO BE ANSWERED FOR GARAGEKEEPERS LIABILITY

1. Are vehicles locked and inside fenced area? ___ Yes ___ No
2. Are keys to vehicles kept in locked cabinet or safe when business is closed? ___ Yes ___ No
3. Do you have a central station alarm? ___ Yes ___ No
4. Do you want cargo or on hook coverage for vehicles you tow or haul? ___ Yes ___ No
5. Do you do road service? ___ Yes ___ No

UNDERWRITING QUESTIONS TO BE ANSWERED FOR PHYSICAL DAMAGE

1. Are your premises subject to flood or rising waters? ___ Yes ___ No
2. Is your lot: Completely Fenced & Locked Post-Chained & Locked Floodlighted Open
 All Autos Stored in Locked Building when Business is Closed
3. Keys to Vehicles: Take Home Kept in Locked Cabinet Keys Kept in Locked Safe Other (Describe) _____
4. Do you have a Night Watchman? Yes No Alarm System? Yes No
5. Do you Sell: Trucks Larger than Pickups Tractor/Trailer
6. Do you or a salesman accompany customer on try out? ___ Yes ___ No
If No, why not? _____
7. Do you photocopy or verify Customer's Driver's License and Insurance ID Card? ___ Yes ___ No
If No, why not? _____

PHYSICAL DAMAGE (DEALERS OPEN LOT) 100% COINSURANCE REQUIRED

\$ _____ Each location (Total cost of all vehicles you own at all locations)
 \$ _____ Maximum cost any one auto \$ _____ Deductible per auto \$ _____ Maximum Deductible
 Collision Comprehensive

Location Address _____

List all lienholders by name and address _____

GARAGEKEEPERS LIABILITY

\$ _____ Each Location (Maximum value all vehicles in your care, custody and control)
 \$ _____ Maximum any covered auto \$ _____ Deductible each covered auto \$ _____ Maximum Deductible
 ___ Legal Liability ___ Direct Primary ___ Collision ___ Comprehensive

OPTIONAL COVERAGE

"Yes" answer requires payment of additional premium
 False Pretense ___ Yes ___ No \$ _____ Limit Consigned Autos ___ Yes ___ No \$ _____ Limit
 If "Yes" answer to consigned autos, we must have a copy of consignment agreement. Please attach to application

**YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES,
DRIVERS AND HOUSEHOLD MEMBERS OF PERSONS FURNISHED AUTOS**

Name and Drivers License # & State	Date of Birth	Violations & Accidents Prior Three Years	Status	Hours Worked	Auto Use

STATUS:

- 1. Active Owner, Partner or Officer
- 2. Inactive Owner, Partner or Officer
- 3. Salesperson
- 4. Lot Person
- 5. Mechanic
- 6. Clerical
- 7. Spouse of Owner, Partner or Officer
- 8. Children of Owner, Partner or Officer
- 9. Spouse of any other person furnished an auto
- 10. Children of any other person furnished an auto
- 11. Occasional or Contract Driver
- 12. Other _____

HOURS WORKED:

- F = Full Time (over 20 hours per week)
- P = Part Time (20 or less hours per week)
- N = Non-Employee

AUTO USE:

- A = Furnished a covered auto for personal use
- B = Uses a covered auto strictly for business use
- C = Does not drive a covered auto

LIST ALL INDEPENDENT CONTRACTORS AND SUB CONTRACTORS AND THEIR EMPLOYEES

SPECIFICALLY DESCRIBED AUTOS, TOW TRUCKS, ROLLOVERS, CAR TRAILERS, OR OTHER TOWING DEVICE TO BE SPECIFICALLY INSURED. REQUIRES ADDITIONAL PREMIUM

Unit No.	Model Year	Make	Model	Vehicle Identification #	Vehicle Weight (GVWR)	Stated Value	Radius	Body Type
1.								
2.								
3.								

THREE - YEAR PRIOR CARRIER AND LOSS HISTORY

Current Carrier _____ Policy Period _____ Policy Premium _____
 Prior Carrier _____ Policy Period _____ Policy Premium _____
 Prior Carrier _____ Policy Period _____ Policy Premium _____

If there is no prior insurance, check the box If there is no prior losses, check the box

Date of Loss	Amount Paid / Reserve	Description of Loss including Driver

IMPORTANT NOTICE – Effective 10-1-91 the omission of any person requested to be shown on this or any other application or materially false, concealed, or misleading information is a felony under Georgia Laws.

I hereby authorize the prospective Insurer to obtain from the _____ Department of Public Safety a copy of my Motor Vehicle Report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report, a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (**names specified on application and/or drivers hired during the term of this insurance**) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting.

 Signature of Applicant Date

PREMIUM BILLING INSTRUCTIONS

Agency Bill Premium Financed

PREMIUM \$ _____ TAX \$ _____ INSP. FEE \$ _____ TOTAL \$ _____

Check No. _____ Check Amt.\$ _____ Down Payment \$ _____ ** # of Payments _____ **

** Entries here authorize Strickland General Agency, Inc. to sign on my behalf premium finance agreement financing the premium for the policy(ies) for which I am applying and to sign premium finance agreements financing renewals or rewrites of that policy and I understand such premium finance agreements contains power of attorney enabling the premium finance company to cancel any insurance contract listed in the agreement.

 Signature of Applicant Date